

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.
10786099

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | 2 | 2 | | | | |
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| 7 | | | 1 | | | |
| 8 | | | 2 | | | |
| 9 | | | 1 | | | |
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| TOTAL IND. | | | 1 | | | |
| TOTAL DEP. | | | 14 | | | |
| TOTAL CLAIMS | | | 15 | | | |

| | IND | | DEP | | IND | | DEP | | IND | | DEP | |
|--------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | IND | DEP |
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| 100 | | | | | | | | | | | | |
| TOTAL IND. | | | 1 | | | | | | | | | |
| TOTAL DEP. | | | 14 | | | | | | | | | |
| TOTAL CLAIMS | | | 15 | | | | | | | | | |